

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 2 1  
STATE FILE NUMBER

FILED VS. DEC 23 1959 77  
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 355

I-14-60  
 47 years, 8 months, 1 day  
 48 years, 8 months, 1 day  
 9  
 DOCUMENT Birth record 19620-12  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT of informant

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		Length of stay in 1b		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>126 Forest Hill</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>126 Forest Hill</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>MRS. MILDRED LANOR PRICE</b>				4. DATE OF DEATH Month <b>December</b> Day <b>20</b> Year <b>1959</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-19-1911</b>	9. AGE (last birthday) <b>48-47</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice-President of Gordon Price Dress Shop</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Dress Shop</b>		11. BIRTHPLACE (City and state or country) <b>Chillicothe, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James E. Kiple</b>			13b. MOTHER'S MAIDEN NAME <b>Sadie B. (Chick)</b>			14. NAME OF HUSBAND OR WIFE <b>C. Gordon Price</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>C. Gordon Price 126 Forest Hill J.C., Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>								INTERVAL BETWEEN ONSET AND DEATH <b>few seconds</b>	
DUE TO (b) <b>Hypertensive cerebral vascular disease</b>									
DUE TO (c) <b></b>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to <b>Dec 20/59</b> and last saw her <sup>alive</sup> on <b>Dec 20/59</b> Death occurred at <b>6:00 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Dean W. Taylor M.D.</b>				22b. ADDRESS <b>Jefferson City, Mo</b>				22c. DATE SIGNED <b>12-21-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 22, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) <b>Jefferson City, Mo.</b>			(State)	
24. FUNERAL DIRECTOR'S ADDRESS <b>Victor Buescher J.C. Mo</b>				25. DATE RECD. BY LOCAL REG. <b>21 December 1959</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Harris Mo - Richter Dep</b>			

SEP 20 1961

VS DEC 28 1959

JUL 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P.O. Address Jemo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.